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CONFIRMATION NO. 5907

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|--|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/802,823   | <b>FILING OR 371(c) DATE</b><br>03/18/2004<br><b>RULE</b>   | <b>CLASS</b><br>435            | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>4995.0053-01 |
| <b>APPLICANTS</b><br>Shiv Srivastava, Potomac, MD;<br>Vasantha Srikantan, Rockville, MD;<br>Zhiqiang Zou, Gaithersburg, MD;<br>Judd W. Moul, Bethesda, MD;   |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/534,072 03/24/2000 PAT 6,828,429 which claims benefit of 60/126,469 03/26/1999<br><i>SR</i>   |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>SR</i>  |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 04/22/2004  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR COUNTRY</b><br>MD  | <b>SHEETS DRAWING</b><br>21   | <b>TOTAL CLAIMS</b><br>25                  |
| Verified and Acknowledged<br>Examiner's Signature <i>SR</i> Initials   |   | <b>INDEPENDENT CLAIMS</b><br>3 |   |  |
| <b>ADDRESS</b><br>22852  |   |                                |   |  |
| <b>TITLE</b><br>Prostate-specific gene, PCGEM1, and methods of using PCGEM1 to detect, treat, and prevent prostate cancer  |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>474  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |